

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 20747-210						
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____ Name: _____</p>								
In re Application of Jabbour et al. <table border="1"> <tr> <td>Application Number 10/511,480</td> <td>Filed 04/10/2003</td> </tr> <tr> <td colspan="2">For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS</td> </tr> <tr> <td>Group Art Unit 1612</td> <td>Examiner M.L. Sznaidman</td> </tr> </table>			Application Number 10/511,480	Filed 04/10/2003	For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS		Group Art Unit 1612	Examiner M.L. Sznaidman
Application Number 10/511,480	Filed 04/10/2003							
For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS								
Group Art Unit 1612	Examiner M.L. Sznaidman							

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ 130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____

Applicant claims small entity status.

A check to cover the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

/Edwin V. Merkel/

Signature

August 25, 2009

Date

Edwin V. Merkel

Typed or printed name

(585) 263-1128

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 form is submitted.